

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/804895

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND.

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TOTAL IND.	5		
TOTAL DEP.	14		
TOTAL CLAIMS	21		

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TOTAL IND.			
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